2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILEU SECRETARY OF STATE TALLAHASSEE, FLORIDA

:	DOCUMENT # A0200001543 Entity Name FIRST STATES INVESTORS 3009, LIMITED PARTNERSHIP			8: 8 MA 1 - YAM 80			: 20	
	Principal Place of Business 610 OLD YORK RD 5UITE 300 JENKINTOWN, PA 19046 Mailing Address 610 OLD YORK RD 5UITE 300 JENKINTOWN, PA 19046	LD YORK RD 610 OLD YORK RD 300 SUITE 300 ITOWN, PA 19046 JENKINTOWN, PA 19046						
	Solle, Apl. #, etc.			04292008	04292008 Chg-LP CR2E003 (12/06)			
	City & State Now York Now York			4. FEI Number 48-13043	385		Applied For Not Applicable	
}	Zip Country Zip	Coun	itry	5. Certificate of			.75 Additional Required	
-	6. Name and Address of Current Registered Agent		Name	7. Name and A	ddress of New Re	gistered Ager	nt	
	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Street Address (P.O. Box Number is Not Acceptable)						
	TALLAHASSEE, FL 32301-2525		City			FL	Zip Code	
-	The above named entity submits this statement for the purpose of changing its registered office or register.				, in the State of Flori	rL	<u> </u>	
	the obligations of registered agent.							
	SIGNATURE Signature, typed or printed name of registered agent and this if applicable			DATE				
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00							
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
	12. GENERAL PARTNER INFORMATION			ADDRESS CHAP				
i i	DOCUMENT / L02000031303 NAME FIRST STATES INVESTORS 3009, LLC STREET ADDRESS 610 OLD YORK RD SUITE 300	STRE	EET ADDRESS 4	20 Le	LXIngtor	Ave,	19th Floor	
	CITY-ST-ZIP JENKINTOWN, PA 19046	CITY	-ST-ZIP	LW Yor	<u>'K, NY</u>	101	10	
	DOCUMENT / NAME	STRE	ET AODRESS				*	
_	STREET ADDRESS CITY-ST-ZIP	CITY	-ST-ZiP					
STAPLE CHECK HERE	DOCUMENT / NAME	STRE	EET ADDRESS	75)01285 /nanin4a	787	47 ************************************	
	STREET ADDRESS CITY-SI-ZIP	CITY	-S1-ZIP	<u>ंचं स्रोर्ग विके</u>	<u> </u>			
	DOCUMENT / NAME	STRE	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	CHTY	-ST-ZIP					
	DOCUMENT / NAME	SIRE	EE1 ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	CITY	'-ST-ZIP					
	DOCUMENT # NAME	SIR	EET ADDRESS					
	STREET ADDRESS CITY-S1-ZIP	CITY	'-SI-ZIP					
	14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowers execute this report as required by Chapter 620, Florida Statutes						e limited partnership	
	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			<u> </u>	4/29/200		5887-2250	
SIGNATURE AND TYPED OR PARTIED NAME OF SIGNING GENERAL PARTNER Day time Prone # FIGH STOKES INVESTORS 3009, LLC - General Partner Signature AND TYPED OR PARTNER Day time Prone #								